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PATENT, TRADEMARK, COPYRIGHT
AND UNFAIR COMPETITION LAW
AND RELATED LITIGATION

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August 26, 2004

FACSIMILE COVER SHEET

To: Commissioner for Patents ATTN: Examiner Kaushal From: Beverly A. Lyman, Ph.D.

Fax: 703 872 9306

Re: Our File: CUT-01
Serial No. 10/092,237

Pages: 17 (including cover sheet)

MESSAGE/COMMENTS**OFFICIAL FILING:**

Please file the attached documents. Thank you.


Request for Continued Examination - 1 pg.

Preliminary Amendment - 12 pg.

Amendment Transmittal - 3 pg.

Certificate of Facsimile Transmision


I hereby certify that this correspondence is being deposited via facsimile to Commissioner for Patents, Alexandria, VA 22313-1450, ATTN: Ex. Kaushal, at fax number 703 872 9306 on

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 August 26, 2004
Jane A. Walker Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Steven T. Boyce
Serial No.: 10/092,237
Title: **SURGICAL DEVICE FOR SKIN
THERAPY OR TESTING**
Filed: March 6, 2002
Group Art Unit: 1636
Examiner: Kaushal
Conf. No.: 8680
Our Ref. No.: CUT-01

Cincinnati, Ohio 45202

August 26, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. X Small Entity status is claimed.
 Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	37	MINUS	33	= 4	x \$9	\$36	x \$18	\$0
INDEP.	8	MINUS	7	= 1	x \$40	\$40	x \$80	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+\$135	\$0	+\$270	\$0
TOTALS					TOTAL FEE	\$76	TOTAL FEE	\$0

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

_____ No additional fee for claims is required.

4. Attached is a check in the sum of \$_____.

 X Please charge my Deposit Account No. 23-3000 in the amount of \$ 76.00.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
___	one month	\$ 110.00	\$ 55.00
___	two months	\$ 390.00	\$195.00
___	three months	\$ 890.00	\$445.00
___	four months	\$1,390.00	\$695.00

___ Attached is a check in the amount of \$ ___ for the ___
month extension fee as required by 37 C.F.R. § 1.17(c)

If an additional extension of time is required, please consider
this a petition therefor.

(Check and complete the next item, if applicable)

___ An extension for ___ months has already been secured and the fee
paid thereof of \$ ___ is deducted from the total fee due for the total
months of extension now requested. Extension fee due with this
request \$ ___.

OR

(b) X Applicant believes that no extension of time is required.
However, this conditional petition is being made to provide for
the possibility that applicant has inadvertently overlooked the
need for a petition for extension of time.

XX If any additional fee for claims or extension of time is required, charge
Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

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